

ANONYMOUS

Witness name

GRO-B

Statement No.: WITN2151021

Exhibits: WITN2151022-027

Dated: 11th August 2022

INFECTED BLOOD INQUIRY

EXHIBIT WITN2151022

Date 26 June 1995
 Our Ref LAG/JA/LD
 Your Ref
 Ext No

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ADVOCATES IN ABERDEEN & NOTARIES PUBLIC

GRO-B

GRO-B

I refer to our conversation last Monday, and attach a copy of my letter to Professor Preston. I am sorry to have taken so long to process this. I will let you know as soon as I hear from him.

I am applying for a further increase in authorised expenditure from the SLAB.

Yours sincerely,

GRO-C

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27 June 1995
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ADVOCATES IN ABERDEEN & NOTARIES PUBLIC

Professor F. E. Preston,
Royal Hallamshire Hospital,
Glossop Road,
SHEFFIELD,
S10 2JS.

Dear Professor Preston,

GRO-B

Thank you for your detailed and helpful report of 26th May.

Your summary of the hospital records suggests that there were only two occasions (both on 20th July) on which Factor VIII was administered. The first treatment appears to have been given following GRO-B admission at about 2.35 a.m., and the second treatment sometime after 7.30 a.m. This treatment was given on the basis of a presumed diagnosis of haemophilia. As at 20th July the results of tests carried out on about 15th July were apparently not to hand or at any rate had not been noted, although by 21st July 1983, the notes record a diagnosis of Von Willebrand's disorder.

I infer from what you say about the changes of treatment following the diagnosis that, had it been known as at 20th July 1983 that GRO-B had Von Willebrand's disorder, he would not have been given Factor VIII.

GRO-B remembers that GRO-B bleeding, though distressing, was not severe and her understanding is that his life was certainly not in danger. He had been at the GRO-B since 11 p.m. on 19th July. GRO-B recollection, which would appear to be confirmed by the records, is that GRO-B lip was oozing, rather than bleeding profusely.

Obviously, the crucial question from our point is whether we would be likely to succeed in establishing, on the balance of probabilities, that GRO-B condition results from negligent treatment. In order to do that we have to prove that there is normal and usual practice in these matters, that the doctor or doctors concerned, have or have not adopted that practice, and that the course adopted was one which no doctor of ordinary skill would have taken if he had been acting with ordinary care.

The/

GRO-C

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The nub of the question seems to me to be contained in the final sentence of your report, where you indicate that it is your view that 'If the severity of the bleeding at that time of day was sufficient to warrant immediate treatment', the administration of Factor VIII was at least 'understandable'. Would it be a reasonable inference from your final sentence that, if the severity of bleeding was not sufficient to justify immediate treatment, the administration of Factor VIII may have been negligent? Might this be the case, even if the bleeding was severe enough to warrant immediate treatment?

Some related questions arise, and it would be helpful to have your comments on the following:

1. At the end of the first paragraph of your report, you state 'it is my view that the PTTK is significantly prolonged'. Can you spell out the significance of that to us?
2. In the following paragraph you also mention tests indicating a Factor VIII level of 7½%. Does that of itself point to any particular diagnosis? In the first paragraph on page 3 you state that GRO-B responded to the administration of DDAVP and cryoprecipitate. Do the records indicate whether these were administered before or after the diagnosis of Von Willebrand's disorder was known?
3. In your penultimate paragraph on page 10, you say that no Von Willebrand's assays had been performed as at (presumably) 20th July 1983. Do the records indicate whether or not the ristocetin cofactor assay had been performed? If not, do you have any idea what the nature of the tests carried out on 15th July was? Is it possible to say if the results of the tests could have been made available on 20th July before treatment was given?
4. GRO-B believes that failure to respond to the first infusion of Factor VIII was an indication that GRO-B condition was something other than haemophilia, and that in the circumstances the second treatment ought not to have been given. May we have your comments on that?
5. What disadvantage, if any, would have resulted from waiting until results of the tests were known before administering treatment of any kind to GRO-B?
6. Reading between the lines, we conclude that the history of the knowledge of GRO-B condition is that the risks of Factor VIII were known in 1983. Is that correct?
- 7.

GRO-C

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We are not certain if you had access to the records of the GRO-B
Hospital as well as Edinburgh Royal Infirmary. If not, would it be helpful for you to
have a look at these?

Please feel free to discuss with me by telephone if that would be helpful.

Yours sincerely,

GRO-C

Jean Abbot